SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 09/926158 CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. <u>15</u> :4 :6 :8 TAL TOTAL TOTAL DEP. TOTAL *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS PETENT and Trademerk . Hice